

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

(Schedule E)

PAGE 1 OF 2
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Senate Conservatives Fund			FEC IDENTIFICATION NUMBER ▼ C C00448696		
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y					
Full Name of Payee Senate Conservatives Fund			Date of Public Distribution/Dissemination 10 / 04 / 2014		
Mailing Address PO Box 388			Amount 371.90		
City Alexandria		State VA	Zip Code 22313-0388		Transaction ID : EAA80D77956D041C190E
Purpose of Expenditure IE-Sasse-Online Processing		Category/Type 		Date of Disbursement or Obligation 10 / 04 / 2014	
Name of Federal Candidate Benjamin E Sasse			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: NE		
Calendar Year-To-Date Per Election for Office Sought 62351.45			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ► General 2014		
Full Name of Payee Rapid Response Television			Date of Public Distribution/Dissemination 10 / 09 / 2014		
Mailing Address 4850 Wright Rd Ste 168			Amount 14750.00		
City Stafford		State TX	Zip Code 77477-4121		Transaction ID : EA3A2609C2C194A12872
Purpose of Expenditure IE-Sasse-Media Buy		Category/Type 		Date of Disbursement or Obligation 10 / 07 / 2014	
Name of Federal Candidate Benjamin E Sasse			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: NE		
Calendar Year-To-Date Per Election for Office Sought 79601.45			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ► General 2014		
(a) SUBTOTAL of Itemized Independent Expenditures..... ►			15121.90		
(b) SUBTOTAL of Unitemized Independent Expenditures ►					
(c) TOTAL Independent Expenditures..... ►					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Paul Kilgore</u> <div style="text-align: right;">[Electronically Filed]</div>			Date 10 / 09 / 2014		

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NAME OF COMMITTEE (In Full) Senate Conservatives Fund		FEC IDENTIFICATION NUMBER ▼ C C00448696	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Jamestown Associates		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 09 / 2014	
Mailing Address 5 Mapleton Rd Ste 300		Amount 2500.00	
City Princeton	State NJ	Zip Code 08540-9646	Transaction ID : E8CE87A2DCF2E4667BA3 Date of Disbursement or Obligation MM / DD / YYYY 10 / 07 / 2014
Purpose of Expenditure IE-Sasse-Media Production		Category/Type	
Name of Federal Candidate Benjamin E Sasse		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Senate State: NE
Calendar Year-To-Date Per Election for Office Sought 79601.45		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) General 2014	

Full Name of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address		Amount	
City	State	Zip Code	Date of Disbursement or Obligation MM / DD / YYYY
Purpose of Expenditure		Category/Type	
Name of Federal Candidate		<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	2500.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	17621.90

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Paul Kilgore

[Electronically Filed]

Date

MM / DD / YYYY
10 / 09 / 2014

Signature